

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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27717 7590 07/26/2007

SEYFARTH SHAW LLP
 131 S. DEARBORN ST., SUITE 2400
 CHICAGO, IL 60603-5803

10/19/2007 SSESHE2 00000033 191351 10030973

01 FC:1501 40.00 DA 1400.00 DP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Consuelo Henry (Depositor's name)
 (Signature)
 October 15, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/030,973	06/03/2002	Joaquin Andres Hoffer	39438-401700	4373

TITLE OF INVENTION: ELECTRICAL STIMULATION SYSTEM AND METHODS FOR TREATING PHANTOM LIMB PAIN AND FOR PROVIDING SENSORY FEEDBACK TO AN AMPUTEE FROM A PROSTHETIC LIMB

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, SHEVON ELIZABETH	3766	607-048000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Seyfarth Shaw LLP
 2.
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Neurostream Technologies, Inc.

Port Coquitlam, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1351 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date October 15, 2007

Typed or printed name

Robert W. Diehl

Registration No. 35,118

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Joaquin Andres HOFFER

) ELECTRICAL STIMULATION SYSTEM
) AND METHODS FOR TREATING
) PHANTOM LIMB PAIN AND FOR
) PROVIDING SENSORY FEEDBACK TO
AN AMPUTEE A PROSTHETIC LIMB

Application No.: 10/030,973

)

Filing Date: June 3, 2002

)

) Customer No. 27,717

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

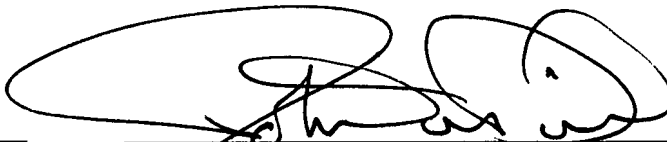
1. **Part B – Fee(s) Transmittal in duplicate; and**
2. **Certificate of Mailing and Postcard.**

The Commissioner is hereby authorized to charge Deposit Account No. 19-1351 for the issue and publication fee as well as any additional fees deemed necessary and credit any overpayments. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,

Date: October 15, 2007


Robert W. Diehl, Reg. No. 35,118

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